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|                                                                            |                                                                                          |                                                                                                                                                                                                                               |                                             |                                       |                                             |              |                           |          |                                       |           |                        |                    |                    |  |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------|---------------------------------------------|--------------|---------------------------|----------|---------------------------------------|-----------|------------------------|--------------------|--------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD                                |                                                                                          |                                                                                                                                                                                                                               |                                             |                                       | Application or Docket Number<br>10/686,973  |              | Filing Date<br>10/16/2003 |          | <input type="checkbox"/> To be Mailed |           |                        |                    |                    |  |
| APPLICATION AS FILED – PART I                                              |                                                                                          |                                                                                                                                                                                                                               |                                             |                                       | OTHER THAN<br>SMALL ENTITY                  |              |                           |          |                                       |           |                        |                    |                    |  |
| (Column 1)                                                                 |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                             | SMALL ENTITY <input type="checkbox"/> |                                             | OR           |                           |          | SMALL ENTITY                          |           |                        |                    |                    |  |
| FOR                                                                        |                                                                                          | NUMBER FILED                                                                                                                                                                                                                  |                                             | NUMBER EXTRA                          |                                             | RATE (\$)    |                           | FEE (\$) |                                       | RATE (\$) |                        |                    |                    |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))        |                                                                                          | N/A                                                                                                                                                                                                                           |                                             | N/A                                   |                                             | N/A          |                           |          |                                       | N/A       |                        |                    |                    |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))       |                                                                                          | N/A                                                                                                                                                                                                                           |                                             | N/A                                   |                                             | N/A          |                           |          |                                       | N/A       |                        |                    |                    |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))  |                                                                                          | N/A                                                                                                                                                                                                                           |                                             | N/A                                   |                                             | N/A          |                           |          |                                       | N/A       |                        |                    |                    |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                           |                                                                                          | minus 20 =                                                                                                                                                                                                                    |                                             | *                                     |                                             | X \$ =       |                           |          |                                       | X \$ =    |                        |                    |                    |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                     |                                                                                          | minus 3 =                                                                                                                                                                                                                     |                                             | *                                     |                                             | X \$ =       |                           |          |                                       | X \$ =    |                        |                    |                    |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))          |                                                                                          | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                             |                                       |                                             |              |                           |          |                                       |           |                        |                    |                    |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |                                                                                          |                                                                                                                                                                                                                               |                                             |                                       |                                             |              |                           |          |                                       |           |                        |                    |                    |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.  |                                                                                          |                                                                                                                                                                                                                               |                                             |                                       |                                             |              |                           |          |                                       | TOTAL     |                        | TOTAL              |                    |  |
| APPLICATION AS AMENDED – PART II                                           |                                                                                          |                                                                                                                                                                                                                               |                                             |                                       | OTHER THAN<br>SMALL ENTITY                  |              |                           |          |                                       | OR        |                        |                    | SMALL ENTITY       |  |
| (Column 1)                                                                 |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                             | (Column 3)                            |                                             | SMALL ENTITY |                           | OR       |                                       |           | SMALL ENTITY           |                    |                    |  |
| AMENDMENT                                                                  | 06/19/2007                                                                               |                                                                                                                                                                                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |              | PRESENT<br>EXTRA          |          | RATE (\$)                             |           | ADDITIONAL<br>FEE (\$) |                    |                    |  |
|                                                                            | Total (37 CFR<br>1.16(i))                                                                |                                                                                                                                                                                                                               | * 11                                        |                                       | Minus                                       |              | ** 20                     |          | = 0                                   |           | X \$ =                 |                    |                    |  |
|                                                                            | Independent<br>(37 CFR 1.16(h))                                                          |                                                                                                                                                                                                                               | * 1                                         |                                       | Minus                                       |              | ***3                      |          | = 0                                   |           | X \$ =                 |                    |                    |  |
|                                                                            | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                             |                                       |                                             |              |                           |          |                                       |           | OR                     |                    | X \$50= 0          |  |
|                                                                            | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                             |                                       |                                             |              |                           |          |                                       |           | OR                     |                    | X \$200= 0         |  |
|                                                                            | TOTAL ADD'L<br>FEE                                                                       |                                                                                                                                                                                                                               |                                             |                                       |                                             |              |                           |          |                                       |           | OR                     |                    | TOTAL ADD'L<br>FEE |  |
| AMENDMENT                                                                  | (Column 1)                                                                               |                                                                                                                                                                                                                               | (Column 2)                                  |                                       | (Column 3)                                  |              | RATE (\$)                 |          | ADDITIONAL<br>FEE (\$)                |           | RATE (\$)              |                    |                    |  |
|                                                                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                |                                                                                                                                                                                                                               | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                       | PRESENT<br>EXTRA                            |              | ADDITIONAL<br>FEE (\$)    |          | RATE (\$)                             |           |                        |                    |                    |  |
|                                                                            | Total (37 CFR<br>1.16(i))                                                                |                                                                                                                                                                                                                               | *                                           |                                       | Minus                                       |              | **                        |          | =                                     |           | X \$ =                 |                    |                    |  |
|                                                                            | Independent<br>(37 CFR 1.16(h))                                                          |                                                                                                                                                                                                                               | *                                           |                                       | Minus                                       |              | ***                       |          | =                                     |           | X \$ =                 |                    |                    |  |
|                                                                            | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                             |                                       |                                             |              |                           |          |                                       |           | OR                     |                    | X \$ =             |  |
|                                                                            | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                             |                                       |                                             |              |                           |          |                                       |           | OR                     |                    | X \$ =             |  |
| TOTAL ADD'L<br>FEE                                                         |                                                                                          |                                                                                                                                                                                                                               |                                             |                                       |                                             |              |                           |          |                                       | OR        |                        | TOTAL ADD'L<br>FEE |                    |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Legal Instrument Examiner:

**Legal Instrument Examiner  
DONNA D. SMALLS LOGAN**

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.